

Report to

House of Representatives Appropriations Subcommittee on Health
and Human Services, the Senate Appropriations Committee on
Health and Human Services, and the Fiscal Research Division

Report on

**The Future Role and Capacity of
Developmental Centers**

Session Law 2005-276
Senate Bill 622

Section 10.29(c)

September 1, 2007

NC Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and
Substance Abuse Services

Progress Report on the Future Role and Capacity of Developmental Centers

September 1, 2007

The Appropriations Bill, Session Law 2005-276, Section 10.29, calls for the Department to “*develop a plan to ensure that there are sufficient developmental disability/mental retardation regional centers to correspond with service catchment areas.*” The Bill also requires that the plan addresses “*methods of funding for community services necessitated by down-sizing; how many State-operated beds and non-State operated beds are needed to serve the population; alternative uses for facilities*” and that the Department of Health and Human Services report on the development of this plan.

During fiscal year 2005, the mental retardation centers, now referred to as developmental centers, began to develop plans for the centers’ future roles and functions. The proposed future roles are outlined in this final report.

While legislation calls for the downsizing of the developmental centers, there is recognition that there are individuals currently residing at the centers who require the intensity of services and supports provided at these facilities. The centers continue to receive admission requests for individuals residing in the community who are experiencing behavioral challenges and/or have complex medical needs that community providers are unable to meet. Individuals with mental retardation/developmental disabilities are also being referred to the centers from the state psychiatric hospitals. These are generally individuals who have entered the psychiatric hospitals through the commitment process. These are the primary factors that were considered as the centers developed their future plans.

Pending final adoption by the NC Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, a rule is tentatively scheduled to go into effect in September 2007 that creates three regions for state-operated facilities. Under this model, Caswell Center will be the designated developmental center for the eastern region; Murdoch Center for the central region; and Riddle Center for the western region. All three centers will continue to provide Intermediate Care Facility/Mental Retardation (ICF/MR) level of care to those individuals whose diagnoses include moderate, severe and profound mental retardation (current population). As downsizing of the developmental centers progresses, the operational capacity for each facility is projected to change as follows:

<u>Caswell Center:</u>	historic high 2,045;	current operating capacity 529;	projected capacity 337
<u>Murdoch Center:</u>	historic high 1,660;	current operating capacity 575;	projected capacity 376
<u>Riddle Center:</u>	historic high 840;	current operating capacity 350;	projected capacity 247

The projected capacity for each center is based on the expected need of each of the three regions and represents a public “safety net” for persons with developmental disabilities.

In addition to serving the general ICF-MR population, the developmental centers provide short-term specialized residential services to target populations. The specialty programs are as follows:

Murdoch Center:

- BART (Behaviorally Advanced Residential Treatment): 12 bed program for young adult males with developmental disabilities with histories of failed treatment placements and/or criminal offenses.
- PATH (Partners in Autism Treatment and Habilitation): 10 bed program on campus for children with autism, 4 bed group home in the community for children with autism, new 4 bed group home currently under construction anticipated to open in Fall 2007.
- STARS (Specialized Treatment for Adolescents in a Residential Setting): 18 bed program for adolescents with dual diagnoses of mental retardation and mental illness (MR/MI).

Caswell Center:

- MR/MI: 10 bed program for adult males with dual diagnoses of mental retardation and mental illness.

Riddle Center:

- Rapid Response Team: a collaborative effort between the Riddle Center and Broughton Hospital in which staff from the Riddle Center provide consultative services for individuals with mental retardation and mental illness who are committed to the psychiatric hospital.

In 2004, Black Mountain Center converted from a developmental center that provided ICF-MR level of care services to a facility that provides specialized skilled nursing services (SNF) to individuals with developmental disabilities with complex medical needs and who are aging and to individuals with Alzheimer’s disease and other dementias. Black Mountain Center provides these services to individuals from the western region of the state. Under the three region model, O’Berry Center is transforming to become the designated facility to provide specialized nursing services to the eastern and central regions of the state. Although still certified as an ICF-MR facility, the buildings on the O’Berry Center campus are currently being renovated to meet skilled nursing regulations. With the expected significant growth of this population (nationally, the number of persons 60 years and older with developmental disabilities is expected to double by the year 2030) it is important that North Carolina be prepared to meet this critical need. Black Mountain Center currently has and O’Berry Center will have Alzheimer’s behavioral units and overnight respite services for individuals with Alzheimer’s disease who reside in the community. This past year Black Mountain Center increased its respite availability to 365 days per year. Additionally, Black Mountain Center is in the development stage for an Alzheimer’s nursing unit for individuals whose

needs have become less behavioral and more medical as their disease progresses, as well as a gero-psychiatric unit to serve persons needing to leave the state psychiatric hospitals. In the future, both facilities plan to provide services for survivors of traumatic brain injuries in their respective regions.

As stated in the report dated January 15, 2006, on the Division's progress in complying with the downsizing of the centers, there are a number of individuals residing at the developmental centers whose guardians are in favor of or not opposed to consideration of community placement, provided that appropriate supports are available. The developmental centers, local management entities (LMEs) and contract agencies continue to work with the identified individuals and their guardians to locate and arrange appropriate community living arrangements, day programming, medical and other ancillary services necessary for a successful transition to the community. Most of the individuals moving from the centers will reside in community ICF-MR group homes, others will move to supervised living group homes with support services funded through the Community Alternatives Program Medicaid Waiver (CAP-MR/DD). Recurring savings resulting from the downsizing of the developmental centers from the ICF-MR line in Medicaid are used to support Medicaid services to assist in continued community service opportunities for people with developmental disabilities. Such services include those provided through the CAP-MR/DD Waiver and through the ICF-MR bed transfer process. The ICF-MR bed transfer involves the transfer of ICF-MR beds from the developmental centers to the community with the individuals who currently occupy the beds. The individuals identified to move to the community are those for whom a community ICF-MR placement is appropriate, and whose treatment team so recommends, and the individual/guardian are in favor of the placement. This process does not increase the number of ICF-MR beds in the state, rather it involves the relocation of existing, certified ICF-MR beds from the developmental centers to the community.